



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Fuller	Joseph		206-526-5195
MAILING ADDRESS (Street)			FAX
8923 8th Avenue NE			206-526-5196
(City)	(State)	(Zip Code)	
Seattle	Washington	98115	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			N/A
MAILING ADDRESS (Street)			FAX
N/A			N/A
(City)	(State)	(Zip Code)	
N/A			

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AstraZeneca Pharmaceuticals LP			480-288-6907
MAILING ADDRESS (Street)			FAX
5301 S. Superstition Mountain Drive, Suite 104, PMB #481			480-288-6909
(City)	(State)	(Zip Code)	
Gold Canyon	Arizona	85218	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Elizabeth Z. Bartz, President			330-761-9960
MAILING ADDRESS (Street)			FAX
State and Federal Communications, Inc. 80 South Summit Street, Suite 100			330-761-9965
(City)	(State)	(Zip Code)	
Akron	Ohio	44308	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <b>Pharmaceuticals</b>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Joseph Fuller:

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Karen R. Bowman		Regional Director, Western Region	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
AstraZeneca Pharmaceuticals LP		480-288-6907	
MAILING ADDRESS (Street)		FAX	
5301 S. Superstition Mountain Drive, Suite 104, PMB #481		480-288-6909	
(City)	(State)	(Zip Code)	
Gold Canyon	Arizona	85218	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
Karen R. Bowman:		9/11/06	
(Signature of Authorizing Officer or Person Represented)		(Date)	